[Mr. K. R. Narayana Aiyar.]

good manure mixtures can be made and there is no need to go in for chemical manures. Demonstrations are being conducted with these local manure mixtures and they are giving very satisfactory results.

Sir, it is gratifying to note that in the Kunnathunad taluk an Agricultural Asssociation has been formed to do cultivation on scientific lines. It is such kind of work that is needed in our country. If people come forward with such schemes of work, I can assure the honourable members that the department will be only too glad to assist them in all possible manners.

President : You have got only two minutes more.

Mr. K. R. Narayana Aiyar : Sir, the question of making Travancore self-sufficient in the matter of food crops was adverted to by several honourable members during the course of the debate. This is a problem which is engaging the earnest and careful attention of the Government and the department. I can also say, in this connection, that a scheme has been chalked out by the Board of Agriculture by which it would be quite possible to raise paddy and other food crops sufficient for the growing population of the State without encroaching upon Forest reserves. Sir, you have already referred in your address to the joint Session to the considerable havoc that is now being caused by indiscriminate disafforestation and forest fires. By intensive cultivation, by using good land, by the application of suitable manures and by raising biennial and annual crops in lands which are now allowed to lie fallow it would be possible to meet the deficit. Then again, by a system of diversification of agriculture, the standard of hiring can be raised.

I thank the honourable members for the valuable suggestions which they have given during the course of the discussion.

The question that Government be granted a sum of Rs. 1,88,600 under Demand No. XV—Agriculture— was put to vote and declared passed.

The grant was made.

DEMAND NO. X.—MEDICAL.—Rs. 10,65,692.

Vaidyasastrakusala Dr. (Mrs.) Poonen Lukose : Sir, I rise to move for a grant of Rs. 10,65,692 under Demand No. X Medical.

Mr. K. K. Kuruvilla (*Mavelikara and Tiruvella* cum *Pattanamitta* : Sir, in rising to support the Demand, I desire to turn to page 22 of the 1114 Administration Report of the department, where the cost of diet of a patient is given. I have

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sometimes gone into the hospitals and watched the distribution of food to the patients. I have talked with some doctors there. I have often said to them and I repeat it here that the provision made for about forty to fifty patients is not quite adequate. There may be seventy to hundred patients and therefore many will have to find a bed on the floor in the verandahs. Moreover, the provision for feeding the patients is not sufficient to the number that generally resort to the hospitals and therefore the doctors are obliged to distribute what little they have among the several patients. I have also made mention of the leakage in this respect.

Sir, I find here that there is only Re. 1 Chs. 7 and cash 4 as provided for a patient while he is an in-patient in the hospitals. I do not know whether this amount is for a month or for an year or for a patient's life time. But it is certainly deplorable to find that this amount is stated as the sum sufficient for feeding the patients who go for treatment in the hospital. I hope that the Chief Medical Officer will have the option to divert whatever surplus there may be at least for this purpose—for feeding the patients and saving them from starvation in the hospital.

Mr. K. M. Kesavan : May I ask the honourable member whether the same amount of food is required by a patient as by a man in perfect health ?

Mr. K. K. Kuruvilla : Sir, I have been recently making an investigation as to the cost of feeding a very poor man for a month. I was going through the accounts of several institutions and I found that at least Rs. 3 as. 8 is necessary for feeding even a poor man. I found that this is the lowest amount possible on which the poor man could subsist. If, as in the hospitals we can keep a man on Re. 1-7-8, we can very easily solve the problem of poverty.

Mr. K. M. Kesavan : Sir, is it not because of the fact that a man suffering from a particular disease requires only a small quantity of food that the sum allotted for his diet is found to be very small ?

Mr. K. K. Kuruvilla : No, Sir, I have seen in certain cases in-patients going out of the hospitals and begging for food.

President: Order, order. The House has got an hour and a quarter to discuss the demands for grants for the Medical, Industries, Transport, Ayurveda, Forests, Currency and Mint. Obviously that cannot be done. If three or four honourable members who have very definite views or ideas on these subjects would speak on each demand ; then of course, we might be able to make some headway. I am only making a suggestion for the consideration of the honourable members.

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Mr. K. K. Kuruvilla: Sir, I shall not take much time. I want to stress only one more point. There are many hospitals and dispensaries in this country. But the most needy places are sometimes overlooked. Of course, convenient places have been refused but in the case of a patient he has no opportunity to enter into the question of convenience. Wherever he is, he wants efficient treatment. I have to draw the attention of the Government to this fact.

Sahib Bahadur Sultan Muhiadheen (*Trivandrum and Nedumangad* cum *Chirayinkil*): സർ, ഞാൻ ഈ ഡിമാൻറിനെ അനുകൂലിക്കുന്നു. സാധുക്കളായ രോഗികളാണ് അധികവും സാധാരണയായി ആശുപത്രികളെ അഭയം പ്രാപിക്കുന്നത്. അവരെസംബന്ധിച്ച് മാസംതോറുമനുഭവിച്ചു വരുന്ന ഫീസു ചുമത്തുന്ന കാര്യത്തിൽ, അവക്ക് ഉപദ്രവം നേരിടാത്തവിധത്തിൽ വേണ്ട ഏർപ്പാടുകൾ ചെയ്യണമെന്നു ഞാൻ വിനയമായി അപേക്ഷിച്ചുകൊള്ളുന്നു.

അടുത്തതായി കുളച്ചൽ ആശുപത്രി കെട്ടിടത്തെപ്പറ്റിയാണ് ഏതാനിക്കു പറയുവാനുള്ളത്. കുളച്ചൽ തിരുവിതാംകൂറിന്റെ പ്രധാന തുറമുഖങ്ങളിൽ ഒന്നാണ്. അവിടെ യുറോപ്യന്മാരുടെ വകയായി രണ്ടു മൂന്നു കമ്പനികളും ഉണ്ട്. എന്നാൽ അവിടത്തെ ആശുപത്രിയുടെ മെയിൻബിൽഡിംഗ് തന്നെ ആശുപത്രിയിലെ എല്ലാസിൽബന്ധികൾക്കുംകൂടി ഒന്നായിരിക്കാൻ സാധിക്കാത്ത ഒരു കെട്ടിടമാണെന്നു പറയുന്നതിൽ അതിശയോക്തിയൊന്നുമില്ല. പിന്നാട്ട് ബാക്കിയുള്ള ഷെഡ്ഡുകളാണെങ്കിൽ അവയും വളരെ വൃത്തികേടായി കിടക്കുന്നു. ഇപ്പോൾ അവിടെ ഒരു പുതിയ ഡാക്ടർ വന്നിട്ടുണ്ട്. അദ്ദേഹം വന്നിട്ടു ഒരുമാസമേ ആയിട്ടുള്ളു എങ്കിലും കാമ്പൌണ്ട് വാളിന്റേയും ഷെഡ്ഡുകളുടേയും കാര്യത്തിൽ വേണ്ട ശ്രദ്ധപതിപ്പിച്ചിട്ടുണ്ട്. തൽക്കാലം ആശുപത്രിക്കു വേറെ കെട്ടിടം കെട്ടാൻ പണം അനുവദിച്ചിട്ടുണ്ടെന്നു ആളുകൾ പറയുന്നുണ്ടെങ്കിലും അതിനെപ്പറ്റി ശരിയായ വിവരങ്ങൾ ഒന്നും ഇതുവരെ അറിയാൻ സാധിച്ചിട്ടില്ല. കൂടുതൽപണം ചിലവുചെയ്തു കെട്ടിടംകെട്ടിക്കുന്നതിനു തൽക്കാലം വിഷമമാണെങ്കിൽ അടുത്തുതന്നെയുള്ള മറേറതെങ്കിലും കെട്ടിടത്തിലേക്കു മാറിയിട്ടുകയെങ്കിലും ചെയ്യണമെന്നു ഞാൻ അപേക്ഷിച്ചുകൊള്ളുന്നു. മുൻപു കുളച്ചൽ ഒരു ചാർജിംഗ്സ്റ്റേഷനായിരുന്നു. ഇപ്പോൾ അതു ഒരു ഔട്ടുപോസ്റ്റാക്കിയിരിക്കയാണ്. ആശുപത്രി ആ പോലീസ്സ്റ്റേഷനിലേക്ക് മാറുകയാണെങ്കിൽ ചില ചില്ലറ ദോഷഗതികളോടുകൂടി ആശുപത്രി അവിടെ ശരിക്കു നടത്താമെന്നാണ് എന്റെ അഭിപ്രായം. പോലീസ്സ്റ്റേഷനാണെങ്കിൽ ഇപ്പോൾ ഔട്ട്

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പോസ്റ്റായതുകൊണ്ട് മുൻപ് മജിസ്ട്രേട്ടുകോടതിയിട്ടിരുന്നതും ഇപ്പോൾ ഒഴിഞ്ഞുകിടക്കുന്നതുമായ ബീച്ചിലുള്ള കെട്ടിടത്തിലേക്ക് മാറ്റാവുന്നതാണ്. പൊതുജനങ്ങൾക്കും ആശുപത്രി വേണം എന്നു തോന്നിയാൽ ഏകദേശം ജനറൽ ആശുപത്രിയുടെ തീതിയിലുള്ള ഒരു കെട്ടിടം വേണമെന്നോ, മുപ്പായിരമോ നാലായിരമോ രൂപ ചിലവുചെയ്ത് സാമഗ്രികളും വേണമെന്നോ ഒക്കെ നിർബന്ധിക്കും. ഗവണ്മെൻറുകെട്ടിടങ്ങൾ ഇത്ര പരിതാപകരമായ രീതിയിൽ നടത്തുന്നതിൽ ഞാൻ വളരെ ഖേദിക്കുന്നു.

Mr. James Fletcher: Sir, in supporting the Demand, I desire to bring to the notice of the Department certain facts. We have in Travancore a large number of educated doctors distributed over the length and breadth of the country. Some of them do keep themselves in touch with the up-to-date developments in the medical science. This science is a progressing one and every day we see new advancement brought forward in various places by eminent scientists. It must therefore be the duty of every doctor to keep himself in touch with the up-to-date knowledge that is being promulgated by scientists all over the world. But some of our doctors do not care to learn anything about the new growth of the science after they had got through their examination once and this is true especially in the case of those persons who have the low degrees in medicine, such as the L. M. P.'s and others. It is necessary that the Department should see that these doctors do not become out-of-date in their profession. They should not be allowed to ignore the developments the science make in recent times. For this, I would suggest that there must be conferences and examinations held for the sake of the doctors. Very old doctors can be exempted from appearing for these examinations; but the younger men at least should be examined once in a fixed period on the practical side of the science. So far as a lawyer or judicial officer is concerned, there is an appellate authority who can see whether the judicial officer is in touch with the development of the science of law. On the other hand, so far as a doctor is concerned, in a mofussil part, he is all in all. His carelessness or his ignorance causes death. To whom are we to appeal? What are we to do in such cases? So, it is necessary that the doctors possess up-to-date knowledge of the science. The Department should see that they do not waste their time when they are free from the hospital work.

Another point that I would suggest is that some of the doctors in the mofussil are very negligent of their duties. A real sense of duty has to be instilled into them. I say they are negligent for

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[Mr. James Fletcher.]

this reason. I know of a doctor in a near-by place. He would not attend the office after noon. He ought to; but he thinks that it is not necessary and sends his compounder to the hospital during that time. Only if there is some important call will he go to the hospital.

Mr. T. W. U. Park: May I know from the honourable member whether he drew the attention of the Department to the case which he just mentioned?

Mr. James Fletcher: I am aware that petitions have gone from that taluk stating that such and such an officer does not attend the office——

Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: I have not had any such representation from any place.

Mr. James Fletcher: Not representations, but letters. Complaints have been sent from Neyyattinkara.

Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: No, Sir.

Mr. James Fletcher: I may also submit another point; namely, in the Government hospitals medicine is given free. That cannot be the best method of doing the work of helping the needy people. The poor people may be given free medicine, while those who can afford to pay may be made to do so.

Mr. V. Sankara Menon: In that case, who is to judge the capacity of the people to pay?

Mr. James Fletcher: It is true that there may be some difficulty. But it is possible to know who are the poor and who are the rich in any locality. I do not think it will be a very difficult problem. Moreover, the same thing is done in grant-in-aid institutions.

Mr. T. K. Kittan: ഡാക്ടർ പരീക്ഷപാസായ ഞളുകൾ രോഗികളെ കൊല്ലുന്നു, ആരോടാണു പരാതി പറയേണ്ടതു്, എന്നു മെംബർ മുൻപു പറഞ്ഞുവല്ലോ. നല്ല വക്കീലന്മാർ കേസിൽ തോൽക്കുന്നതു ആരുടെ കുറ്റംകൊണ്ടാണു്? ആളുടെ കുറ്റമൊ, ഡിഗ്രിയുടെ കുറ്റമൊ, അതോ വക്കാലത്തിന്റെ കുറ്റമൊ?

Mr. James Fletcher: അതു കേസിന്റെ കുറ്റംകൊണ്ടാണു.

With reference to the payment of cost for the medicine, if this idea is put into practice, it may help the Government very much. Then, more work could be done by the Medical Depart-

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ment and in more places than now. I would therefore suggest an experiment on this matter may be made.

One more point, namely, there is a complaint even now that in the Government hospital the poor people are not cared for. Only the rich men get what they want while the poor patients are more or less neglected. Sir, in this case also, I would request the Department to make it clear to the doctors as men of responsibility that they should feel that it is their duty to meet out equal treatment to the rich and poor. It is their duty to do what is right whether the patient is rich or poor. That sense of duty should be inculcated in the minds of the doctors.

Mr. Kallur Narayana Pillai : ഈ ഡിമാൻറിനെ അനുകൂലിച്ചുകൊണ്ട് ഏതാനും സംഗതികൾ സർജൻ ജനറലിൻെറ ശ്രദ്ധയിൽ കൊണ്ടുവരണമെന്നുദ്ദേശിക്കുന്നു.

ഹാസ്പിറ്റൽ ടയിമിന്, അതായതു അവരുടെ ഡ്യൂട്ടിസമയത്തു പുറത്തു രോഗികളെ സന്ദർശിക്കാൻ പോകരുതെന്നു ഒരു സർക്കുലർ ഉണ്ടായിട്ടുണ്ട്. അടുത്ത കാലത്തു എനിക്കു പ്രത്യേകം പരിചയമുള്ള ഒരാളിനു പെട്ടെന്നു ഹൃദ്രോഗമുണ്ടായി. അയാൾ പത്തനംതിട്ടയിലായിരുന്നു. പെട്ടെന്നു മരിച്ചുപോകുമെന്നുതോന്നി. ഉടൻതന്നെ ഡാക്ടക്കു ആളു പോയി. അവിടെനിന്നും 8 0 അടിയിൽക്കൂടുതൽ ദൂരം വരികയില്ലാ ആശുപത്രിക്ക്. അവിടെയാണു ഡാക്ടർ ഇരിക്കുന്നതു. ഉടൻതന്നെ ഡാക്ടർ അവിടെ പോയില്ലെങ്കിൽ രോഗി മരിച്ചുപോകാനിടയുണ്ടെന്നു ഞങ്ങൾ പറഞ്ഞു. ഇപ്പോൾ ഡ്യൂട്ടിസമയമാണു, അതുകൊണ്ടു വരാൻ സാധിക്കുകയില്ല, ഡ്യൂട്ടിസമയത്തു ഡെലിവെറി കേസിനുമാത്രമെ പോകാൻ ഞങ്ങൾക്കനുവാദമുള്ളൂ. എന്നാണു ഡാക്ടർ ഞങ്ങളോടു അപ്പോൾ പറഞ്ഞതു്. ഏതായാലും അവരുടെ വിവേചനാശക്തി ഉപയോഗിച്ചു അത്യാവശ്യമുള്ള അവസരങ്ങളിൽ പുറത്തുപോയി രോഗികളെ സന്ദർശിക്കുവാൻ അനുവദിക്കേണ്ടതാണു്.

മലേറിയ ഒരു പകരുന്ന രോഗമാണു്. അതില്ലായ്മ ചെയ്യുന്നതിനു ആവശ്യമുള്ള നടപടികൾ നടത്തേണ്ടതും അത്യാവശ്യമാണു്. ഹെൽത്തു ഡിപ്പാർട്ടുമെൻറിൻെറ ശ്രദ്ധകൊണ്ടു മലേറിയ രോഗത്തിനു അല്പമായ ശമനമുണ്ടെന്നുതോന്നുന്നു. എന്നാൽ മലേറിയരോഗത്തെപ്പോലെതന്നെ പകരുന്നതും മനുഷ്യരെ വളരെ ഉപദ്രവിക്കുന്നതുമായ മറെറാരു രോഗമാണു് ഡിസെൻടി. കഴിഞ്ഞകൊല്ലത്തെ കണക്കുപ്രകാരം ഒട്ടു

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[Mr. Kallur Narayana Pillai.]

പഷ്യൻസായി ൪ ൬ ൦ ൦ ൦ ഡിസെൻട്രി രോഗികളുണ്ടായിരുന്നു. അതിനുംപുറമെ ൪ ൦ ൦ ൦ പേർ ഇൻപേഷ്യൻസായും ഉണ്ടായിരുന്നു. ഡിസെൻട്രി രണ്ടുതരമുണ്ട്. അമീബിക്ക് ഡിസെൻട്രിയെന്നും ബാസിലറിഡിസെൻട്രി എന്നും ആണ്. ഇതു രണ്ടുംപകരുന്നതാണ്. അമീബാക്ക് ഡിസെൻട്രിവന്നാൽ മിക്കവാറും മരണത്തിൽതന്നെ അവസാനിക്കും. ഡിസെൻട്രിവരുന്നതു ആഹാരസംബന്ധമായ ദൃഷ്യംകൊണ്ടാണ്. ചേമ്പില, തകരയില, മരച്ചീനിയില മുതലായ സാധനങ്ങൾ ഉപയോഗിക്കുന്നതുകൊണ്ടാണു ഡിസെൻട്രിയുണ്ടാകുന്നത്. മലേറിയ സാധാരണയായി മലയോരങ്ങളിൽ ബാധിക്കുന്നതായിട്ടാണു നാം അറിയുന്നതു്. എന്നാൽ ഡിസെൻട്രി എല്ലായിടത്തും ബാധിക്കും.

Mr. C. N. Tuppan Namboori : മെംബർ പറഞ്ഞ ചെടികളിൽ വിറാമിൻ ഇല്ലെന്നു പറയാമോ?

Mr. Kallur Narayana Pillai : തകരയിലയിൽ വിറാമിൻ ഉണ്ടായിരിക്കണം. മരച്ചീനിയിലയിൽ ഉണ്ടോ എന്നു നിശ്ചയമില്ല.

Mr. V. Sankara Menon : വിറാമിൻതന്നെ വിലക്കു കിട്ടുന്നുണ്ടെന്നു മെംബർക്കു അറിയാമോ?

Mr. Kallur Narayana Pillai : അതു ചെടിയിലെവിറാമിൻ അയിരിക്കയില്ല. രണ്ടും രണ്ടാണ്.

ഉൾനാടുകളിൽ വേണ്ടത്ര ആശുപത്രികളില്ല. എം. ബി. ബി. എസ്., എൽ എം. പി. മുതലായ പരീക്ഷകൾ പാസായ ആളുകൾ അനവധിയുണ്ടു; അതിൽ അനേകംപേരും തൊഴിലില്ലാതിരിക്കയാണ്. അവർക്കു ശരിയായ പരിശീലനം ലഭിക്കാത്തതുകൊണ്ട് അവരെക്കൊണ്ടു ചികിത്സിപ്പിക്കുന്നതിനു ആളുകൾക്കു വിശ്വാസവുമില്ലാതിരിക്കുന്നു. അഥവാ പരിശീലനമില്ലാത്തവരെക്കൊണ്ട് ചികിത്സിപ്പിക്കുകയെന്നുള്ളതു് പലപ്പോഴും അപകടകരം കൂടിയാണു. അതുകൊണ്ട ഓരോ ഡിസ്പെൻസറിയിലും ഇത്തരം ആളുകളെ പരിശീലനത്തിനായി എടുക്കണം. പരിശീലനംകഴിഞ്ഞശേഷമേ പ്രൈവറ്റു ഡിസ്പെൻസറിയിൽ പ്രവേശിക്കാവു എന്നു ശട്ടംകെട്ടണം. കുറഞ്ഞപക്ഷം മൂന്നു കൊല്ലമെങ്കിലും പരിശീലനം നടത്തണം. സാധാരണയായി ഡിസ്പെൻസറികളിൽ ഒരു ഡാക്ടറെ കാണുകയുള്ളൂ. അവിടെവന്നു കൂടുന്ന ജനങ്ങൾക്കു ചികിത്സ നിശ്ചയിക്കുന്നതിനും പരിശോധിക്കുന്നതിനും മറ്റും ഈ ഒരു ഡാക്ടരെക്കൊണ്ട് മിക്കവാറും മതിയാകാതാണിരിക്കുന്നതു്. അവിടെയെല്ലാം ഈ പ്രൈവറ്റു ഡാക്ടറന്മാരെക്കൂടി പരിശീലനത്തിനായി ഏർപ്പെടുത്തുന്നപക്ഷം അതു അവർക്കും ജനങ്ങൾക്കും ഒരുപോലെ സഹായകരമായിരിക്കുന്നതുമാണു.

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Mr. T. Krishna Pillai: Sir, rise to support the motion and, in doing so, I wish to make one or two observations for the consideration of Government. With regard to the General Hospitals of large size I think there is a growing feeling that they are open to many objections. I believe, Sir, that within medical profession and among practical sanitarians same opinion exist. In the first place these big hospitals are an unscientific anachronism, in that the crowding together of such vast number of diseased persons is quite out of place as intramural burial of the dead. Indeed, it is extremely likely that the germs derived from such accumulations of every form of deceased are more dangerous to the community than those which after several years may emanate from dead bodies. In this connection the condition of a big hospital like our General Hospital may not in aplty be compared to the moral atmosphere of a prison. A youth though ethically sound, except for the single lapse from righteousness for which he is convicted, may be imprisoned, and unhappily comes out utterly depraved by the mass of moral foulness in which he has had to live. In the same way, Sir, a healthy man who is ailing from a particular curable disease goes to the General Hospital and when he comes back, he is cured of that ailment but is a prey to some other incurable wasting disease. So it is my humble submission that in future at least no amount should be spent for increasing the dimensions of our General Hospital, I would suggest, that instead of thus enlarging the size of the General Hospital to dangerous magnitudes, small and special hospitals may be had in open, uncongested areas in the mofussil centres. Instances are innumerable when persons at the point of death when removed from General Hospital to the rural hospitals were cured of diseases which appeared incurable and fatal.

Another point I want to stress is that it is rather difficult to lay down a hard and fast rule limiting the income of particular persons for free treatment without the risk of exemplifying the Roman maxim that the strictest legality may involve the grievous injustice. The cases most needing relief are not always the very poor, but are often found in that social stratum, which was happily described by a renowned English Financier as the one in which a black coat begins to be worn. My submission is that a man who makes 50 rupees or a little more per mensem is more really destitute than those to the manner born, whose poverty is naked and not ashamed. What I would suggest is that this rule should on not account be rigidly enforced. Any enquiry made in this connection as to the income of a patient, must include not only the bare figure of the patient's income, but all the circumstances of his position, and the restrictive rule should not be hardly enforced but should be interpreted in the most merciful spirit and if there is any doubt as to the merits of the case the patient should always have the benefit of it.

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[Mr. T. Krishna Pillai.]

Another point I wish to bring to the notice of this House is regarding the sending of our qualified medical practitioners to dispensaries in rural areas. As my friend Mr. Kallur Narayana Pillai said they must be sent only after some training say for two or three years in the General Hospitals. Raw men fresh from the University should not be allowed to open hospitals in rural areas. This training and experience gained by opening rural hospitals should be considered as a special or a necessary qualification for appointment in the Medical Department. That will indeed be a great incentive for the young men to take up the proposal in all earnestness.

Mr. Kallur Narayana Pillai : ആദ്യമായി പരീക്ഷപാസായി വരുന്ന വക്കീലന്മാർക്ക് ശരിയായ പരിശീലനം സിദ്ധിക്കുന്നതിനു വേണ്ടി ഒരു വ്യവസ്ഥയുള്ളതായി അറിയാമോ ?

Mr. T. Krishna Pillai . Yes, t here is a specific provision to that effect in the Bar Council Act. And I suggest the same matter may be adopted with advantage in the medical profession also.

Mr. Kallur Narayana Pillai : അപ്പോൾ ജീവനെ സ്പർശിക്കുന്ന ഇക്കാര്യത്തിൽ ഒന്നരക്കൊല്ലം പരിശീലനം നടത്തിയ ശേഷം അവരെ അയച്ചാൽ കുറച്ചുകൂടി നന്നായിരിക്കുകയില്ലേ ?

Mr. T. Krishna Pillai: Undoubtedly it is so ; and I am definitely for such a training.

Mr. Thomas Chandy Mukkadan (*Nominated*) : പരിശീലനത്തിനായി ആശുപത്രികളിൽ ഏർപ്പെടുത്തുന്ന കാലത്തേക്ക് പ്രത്യേകം വല്ലശമ്പളമോ അലവൻസോ കൊടുക്കേണ്ടതുണ്ടോ ?

Mr. T. Krishna Pillai : I do not think it necessary. This training must be consideres as a continuation of the medical course. I have nothing more to add, Sir, and I support the demand with these few words.

Mr. Kochikal P. Balakrishnan Tampi (*Karunagapalli, Kartikapalli and Ambalapuzha* cum *Shertallai*) : Sir, I support the demand. In doing so, I wish to bring to the attention of Government the necessity for finding more funds for meeting the dieting charges of the patients in the various hospitals in the State and also for increasing the accommodation in the different district hospitals and the General Hospital. I would really congratulate the Medical Department on the services offered to an ncreased number in the General Hospital and I am only very well

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aware that patients are allowed or are required to accommodate themselves somewhere on the verandah because of the increasing demands on the accommodation available in the hospitals. I am one with Mr. Krishna Pillai in believing that it is better that hospitals should be situated in different parts of the State or outside the towns with a specialised branch working in some central place like the General Hospital.

I also wish to bring to the notice of Government the necessity of having a District Hospital somewhere in the Kuttanad region; I would prefer Edathua not however without some slightly selfish reasons. I do not want to enter into a tussle with my friend Mr. Ananthasiva Aiyar regarding the location of the hospital. The people of Kuttanad are really finding it difficult to go to different district hospitals in far-off places. I can also appreciate the spirit which prompted my friend Mr. Fletcher who advised medical men to read more. I am afraid it is not because of the unwillingness of the medical people to read. I have seen pitiable looking copies of medical books, say the Lancet reaching the suburban doctor only after a year or two after it is issued. Therefore, my suggestion is that more sums should be spent for buying medical periodical literature to make the people read. I know also that in certain cases it is as difficult to make people read as to make the proverbial horse to quench its thirst. Next comes the question who is to examine them whether they have read or not. They cannot be examined by those who have a lot of work to do on the administrative side.

I may next mention that in various centres people are coming with philanthropic instincts to help the department in opening the hospitals and wards. I am glad that the honourable member Mr. Krishna Aiyar of this House has practically demonstrated his philanthropy by opening an up-to-date ward in Kottayam. Similarly, I hope other philanthropic men will do something in that direction. I am glad that the people of Mavelikara, for which place I am a little partial, are also doing their little and they are hoping to build a huge building. I wish that the Surgeon-General will be more kind towards the organisers and local agents. I do not want to preach except to say that the old adage that "civility costs nothing but buys everything" holds good today also. The President of the Committee happens to be a respectable man of Mavelikara—judging of course by our own Mavelikara standards. I was told that the Surgeon-General sent a peon to fetch him as he seemed a little old-fashioned. In this connection, without meaning any offence, I would say that we must have as Surgeon-General a person with more Indian manners.

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Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: I must object to that remark. I am thoroughly Indian.

Mr. K. M. Kesavan: In supporting the demand I like to draw the attention of the House to one or two points. In Hospitals other than the General Hospital also there should be a dentist. This is an age of specialists and if special doctors, that is, dentists, are not appointed doctors will not be able to attend to dental diseases quite well. This point should be considered with regard to the medical examination of pupils and students in schools and colleges. Another point is that before entertaining a doctor in public service, he must be given sufficient time to volunteer in the General Hospital so that he may pick up sufficient experience in midwifery. It may be replied that they are given some time to work as apprentices, But it may happen that they might be posted to some acting vacancy say in Quilon and they may have to attend cases of midwifery. If he is not sufficiently experienced it would lead to a considerable trouble. Hence to this point I would draw the attention of the Surgeon-General.

Mr. A. Easwara Pillai (*Kottarakara and Pathanapuram cum Shencottah*): I support the demand. In doing so, I wish to draw the attention of the Surgeon-General to the deplorable condition of the dispensary at Kottarakara. It is housed in a rented building which is in a dilapidated condition, rain water is drizzling through the ceiling and roof of the building is in a ruinous condition. There is also not sufficient accommodation for admitting inpatients. The condition was brought to the notice of the Surgeon-General. The Surgeon-General assured me to do something in the matter immediately. I wish to point out one other thing. There is a complaint that there is shortage of medicines in hospitals and dispensaries for a long time in the year. I do not know whether it is on account of shortage in supply or due to leakage. I request the Surgeon-General to enquire into the matter.

Mr. T. K. Kittan: സർ, ഫ്രന്റ്-ലേക്ക് ൨,൫൦൦൦രൂപാ വിലയുള്ള യൂറോപ്യൻ മരുന്നുകൾ വരുത്തുന്നതിനു ചിലവിൽ കൊള്ളിച്ചിട്ടുള്ളതായി കാണുന്നു. ഇപ്പോൾ യുദ്ധം നടക്കുന്നതുകൊണ്ട് അവിടെനിന്നു ഔഷധികൾ കിട്ടുകയില്ല എന്നു പറയുവാനിടവരുത്തരുത്. അവിടെ കിട്ടിയില്ലെങ്കിൽ അമ്മേരിക്കയിലൊ മറു എവിടെ നിന്നെങ്കിലുമൊ വരുത്തുവാൻ ശ്രമിക്കണം. കഴിഞ്ഞ ആണ്ടിൽ ൨൫ ലക്ഷം രോഗികളെ ഇംഗ്ലീഷ് ചികിത്സപ്രകാരം ചികിത്സിച്ചിട്ടുണ്ട്. ആയുർവേദ സംപ്രദായത്തിൽ ൩-൱ ലക്ഷം രോഗികളെയും ചികിത്സിച്ചിട്ടുണ്ട്. ആയുർവ്വേദ വകുപ്പിനു കൂടുതൽ ഫണ്ടം അനുവദിക്കണം. ആ ചികിത്സാസമ്പ്രദായം വളരെ ഫലപ്രദമായി വരുന്നുണ്ട്.

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Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: Sir, I am very grateful to the honourable members for the valuable suggestions that they have offered in the course of their speeches. If they are analysed and grouped, it will be seen that the suggestions if carried out necessitate increased expenditure for the Department. I admit, Sir, that the suggestions put forward are, many of them very necessary. I am also gratified that the honourable members realise the need for more funds and that the scheme for the payment of fees for medicines in Government institutious has received the approval of this House. I trust that, not only at this stage but also in the working out of the scheme the Department will have the co-operation of the honourable members of this House.

Before I proceed further, Sir, may I offer a word of explanation to Mr. Balakrishnnan Tampi ?

President : Yes.

Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: The gentleman referred to by Mr. Balakrishnan Tampi, Sir, I have known for years and who has visited me in my house with regard to the building of a memorial ward in the Mavelikara Hospital. I had no reason to suspect that he would look upon me as a foreigner or anything of that kind. Sir, it is true that I understand fairly well the customs and manners of Europeans and have travelled in European countries also. But I am equally proud to say that I am an Indian to the very core and I understand Indian manners very well. It is very unfortunate that Mr. Balakrishnan Tampi should bring this charge against me that I do not understand the customs or manners of Indian people.

Mr. Thomas Chandy Mukkadan : ഇൻഡ്യൻ രീതിയിലാണോ യൂറോപ്യൻ രീതിയിലാണോ അദ്ദേഹത്തെ സ്വീകരിച്ചത് ?

Vaidyasastrakusala Dr, (Mrs) M: Poonen Lukose : ഇതുപോലുള്ളവരെ കാണുന്നതു സാധാരണ ഇൻഡ്യൻ രീതിയിലുള്ള മറ്റ് ഒരു രീതിയിലുമല്ല.

Sir, it was necessary that I should inspect the ward that was being built as a memorial ward in Mavelikara. It was necessary to meet the President of the building committee and so I sent my camp clerk the previous day to the hospital to find out from the medical officer whether I could see this gentleman in the hospital. My clerk was reliably informed that if a car was sent the next morning the gentleman would come and meet me at the hospital. As no good car was available at Mavelikara, I sent my own car with my Daffadar and a hospital servant after I went to the hospital. The gentleman refused to come. This is what actually happened. If I have been discourteous to the gentleman, this is the first time

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[Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose.]

Sir, that anybody has accused me of discourtesy. I am really sorry for it, and if I am at fault I am prepared to appologise to him. But I may state that I never meant any discourtesy to the gentleman. On the other hand I felt at the time that he was the one who was discourteous to me.

In regard to the training of medical officers for rural work, many of the honourable members do not seem to be aware that we have a scheme in hand for training qualified medical men and women before they start private practice. Ten persons-seven men and three ladies are soon to start practical work in various hospitals in the State for one year so that they might get more experience. If it is found after a year that they require some more training, this will be given. So that question has been considered by the Department.

Mr. T. Krishna Pillai: May I know whether this training will be considered as a qualification for entry into public service?

Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: Sir, the idea is not to train them for entry into public service, but to enable them to be useful to the people particularly in rural areas. This will not be a disqualification for entry into public service.

Then, Sir, with regard to the negligence of medical officers that was referred to by the honourable member, Mr. Fletcher, I believe the Medical Officer in Neyyattinkara was referred to. I have never had any letters or representations from anybody in regard to this matter. If Mr. Fletcher had really reasons to believe that this sort of negligence on the part of the Medical Officer was happening in Neyyattinkara, it was open to him to write to me or see me or let me know of it in some other way. But he has not done any such thing. Sir, it is just possible that the medical officer at Neyyattinkara as he was in charge of several duties may not have attended hospital on certain reasons. He was in charge of the duties of special malaria officer and he was also the Municipal President for a time. He may not have attended the hospitals on certain days when he had to visit the Malaria Dispensary. But this has not been brought to my notice as a complaint. There are assistant medical officers to attend routine work of the Hospital. Sir, if doctors are not kind to patients, as has been made out here, may I ask why it is that we find in Government institutions the number of patients increasing day by day. In the General Hospital there are 350 beds and over 700 patients. In the other important hospitals and District Dispensaries also the increase is very marked. I do not say that the treatment is all of the best kind or that we have the best medicines or that the dieting is sufficient. As regards dieting, Sir, this year we have provided

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Rs. 10,000 more, but I am afraid that even this amount will not be sufficient. I might remind the House that in a single institution like the General Hospital in Madras about Rs. 2 lakhs is spent. Here it is not possible to find sufficient funds for meeting the requirements of even the important institutions. The Department is sadly in need of more funds. It is not possible for the Government now to meet the extra expenditure. Therefore it is that it is proposed from next year to charge fees for medicines in some of the Government institutions. It is going to be an experiment, and I do hope that the honourable members will co-operate and make it a success. I am fully aware, Sir, that this marks a fundamental change in the long established policy of Government and that there will be initial difficulties in the working of the scheme. But with the co-operation of the public and of the members of this House I feel sure that a great deal can be done. For every well-to-do patient Sir, who is treated free in the hospitals at least 2 or 3 poor patients are not getting adequate treatment. During recent years though Government have gone on increasing the number of dispensaries, increasing the allotments under diets and medicines, still a great deal more needs to be done and a stage has now been reached when Government feel that the co-operation of the people to a greater extent than in the past is necessary and that those who can afford to pay should share with Government the responsibility of giving adequate medical relief to the poor on efficient and up-to-date lines. Sir, there is absolutely nothing revolutionary in this. In all the large Indian States and in British India fees are charged in medical institutions. In Great Britain most of the medical institutions are aided by voluntary contributions. We in Travancore have had the advantage of free treatment for years. This is no longer possible in the interests of efficiency. Therefore it is that the department is planning a change in the coming year. As I stated before it is going to be really an experiment in a few institutions in Trivandrum and the District Hospitals of Quilon, Alleppey and Kottayam. This experiment will be tried for three months without extra staff. But after this period, if the experiment is found to be a success, it may be xtended to other in stitutions also and additional staff may also have to be employed. Sir, may I be permitted to read an extract from the Annual Report of the National Association for providing lady doctors for India.

> "Modern India, like other countries, needs to assimilate the fact that it can only afford free medical treatment to the really poor and the general public must make a change in their attitude towards medical relief and they ought not to expect free treatment unless they are really poor."

Recently in Mysore, Sir, on the 29th July 1940 when the Mandya Hospital was opened the 2nd member of the Executive

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[Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose.]

Council stated how in Mysore modern facilities and up-to-date treatment was made possible by the philanthropy of public spirited men and women and how during the last 15 years the people of Mysore had contributed not less than 25 lakhs of rupees for this purpose. In Travancore a beginning has been made by the initiative taken by the Dewan-President. Many others have followed his example and general and special wards have been donated by the public. No less than 8 or ten memorial wards are in progress now. But hereafter we want money and more money and still more money to meet urgent needs of the institutions. Therefore, Sir. I am really happy that this House has appreciated the principle that underlies this scheme of charging fees for medicines.

Mr. Kallur Narayana Pillai : ഞാൻ പ്രസ്താവിച്ച പ്രകാരമുള്ള സർക്കുലർ ഉണ്ടെങ്കിൽ അതിന്റെ നിഷ്കർഷ എത്രത്തോളമുണ്ടെന്ന അറിഞ്ഞാൽ കൊള്ളാം.

Vaidyasastrakusala Dr. (Mrs.) M. Poonen Lukose: There was a circular, Sir, about three or four years ago that medical officers should not leave their institutions during hospital hours. But it was felt that medical officers would use their discretion in this matter. This was already brought to my notice by the honourable member Mr. Kallur Narayana Pillai himself and I had told him what had done. I have not cancelled the circular, but medical officers have been instructed about attending to emergencies outside hospital during duty hours. The question of deciding what is urgent and what is not is sometimes a matter of difficulty.

The question that the Medical Department be granted a sum of Rs. 10,65,692 was then put and carried and the grant was made.

DEMAND NO. XXVIII—COMMERCIAL TRANSPORT—

Rs. 21,49,799.

Mr. E. G. Salter. (*Director of Transport*) : Sir, I rise to move for a grant not exceeding Rs. 21,49,799 under Demand XXVIII—Commercial Transport.

President : I find that we have 27 minutes more and I can call upon three honourable members to speak and give them five minutes each.

Mr. K. K. Kuruvilla : Sir, I wish to bring to the notice of the House one or two things. The first of course is the complaint, especially from respectable men that there are no porters in these transport buses to take their luggage in or to take their luggage out. I heard that only a couple of weeks ago a respectable lady travelled from Trivandrum to Kottayam. She had a big box and it had to be taken out to Kottarakara. The conductor of the bus refused to help her.

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